Patient Satisfaction Survey

Quality of Life Integrated Health and Research Centers

We value your feedback and want to understand your experience at our behavioral health and research center. Your responses will help us improve our services. Please answer the questions below honestly. All responses are kept confidential.

Section 1: Overall Satisfaction

1. How would you rate your overall satisfaction with the services you received at our center?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very dissatisfied

Comments:

2. How likely are you to recommend our center to a friend or family member?

- ☐ Very likely
- ☐ Likely
- ☐ Neutral
- ☐ Unlikely
- ☐ Very unlikely

Comments:

Section 2: Staff and Interaction

1. How would you rate the professionalism and courtesy of our staff?

- ☐ Excellent
- ☐ Fair
- ☐ Good
- ☐ Poor

Comments:

2. How responsive were our staff to your needs and concerns?

- ☐ Very responsive
- ☐ Not very responsive
- ☐ Somewhat responsive
- ☐ Not at all responsive

Comments:

Section 3: Services and Treatment

1. How would you rate the effectiveness of your treatment goals?

- ☐ Very effective
- ☐ Somewhat effective
- ☐ Not very effective
- ☐ Not at all effective

Comments:

2. Were your treatment goals and progress regularly discussed with you?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Comments:

Section 4: Access and Scheduling

1. How would you rate the ease of scheduling appointments?

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Neutral
- ☐ Somewhat difficult
- ☐ Very difficult

Comments:

2. How would you rate the waiting time?

- ☐ Less than 15 minutes
- ☐ 15-30 minutes
- ☐ 30-60 minutes
- ☐ More than 60 minutes

Comments:

Section 5: Additional Comments

1. Is there anything we could improve on or any additional comments you'd like to share about your experience at our center?